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CERTIFICATE of FACSIMILE TRANSMISSON  I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office: FAX No. 703-872-9319 on July 10, 2003						PATENT APPLICATION Attorney Docket No. NL000337	
Signature: Name: A		IDMENT	TRANSMIT	TAL	LETTER		
In re application of: F	leiner Maria Ju	ngbult					
Application Number 09/883,430	Filing Date 6/18/01	Examiner Holly R. Harper					Group Art Unit 2879
TO THE COM	ATHODE RA	R PATENT	<u></u>			The fee ha	
Transmitted h calculated as	erewith is an am shown below.	endment in	the above-id	entified	application.		
		CLAIM	S AS AME	NDE	<u> </u>		
(1)	(2) Claims Remaining after Amend.	(3)	(4) Highest No Previously Paid For	У	(5) No. of Extra Claims	(6) Rate	(7) Additional Fee
Total Claims	20	Minus	20	=	0	x \$ 18	\$ 0.00
Independent Claims	2	Minus	3	=	0	x \$ 84	\$ 0.00
Multiple Dependent Claims	0	Minus	0	=	0	x \$ 280	\$ 0.00
	Total Additiona	l Fee for thi	s Amendmen	nt			\$ 0.00

	Total Additional Fee for this Amendment	\$ 0.00						
$\boxtimes$	No additional fee is required.							
	Charge \$ 0.00 to Deposit Account No. An additional copy of this sheet is enclosed.							
	Reference Accompanying Amendment for Overpayment, Underpayment and Extension of Time Instructions.							
	A return receipt postcard is enclosed.							
	Additional papers enclosed:							
Win M	July 10, 200  Date of Sign							
Jóhn M. Kelly		Telephone No. 732-530-9404						

Telephone No. 732-530-9404

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States Patent and Trademark Office: (703) 872-9319

on: 7/10/03

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## PATENT APPLICATION

In re Patent Application of:

Atty. Docket: NL000337

Jungbult

09/883,430 Application No.:

Group Art Unit:

2879

Filed: June 18, 2001

Examiner:

Holly R. Harper

**COLOR CATHODE RAY TUBE AND ELECTRON GUN** For:

COMMISSIONER FOR PATENTS Mail Stop -AF P. O. Box 1450 Alexandria, VA 22313-1450

SIR:

In response to a final Office Action mailed on May 30, 2003, please amend the above-identified application as follows:

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